



Veterinary Technician Application Packet

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Important Social Security Number Information:

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, please contact the Customer Service Center at 360.236.4700 for more information.

A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Veterinary Board of Governors
Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360.236.4700

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Application Instructions Checklist

Important background check Information: Washington State law authorizes the Department of Health to obtain fingerprint-based background checks for licensing purposes. This check may be through the Washington State Patrol and the Federal Bureau of Investigation (FBI). This may be required if you have lived in another state or if you have a criminal record in Washington State. This would be at your own expense.

All information should be typed or printed clearly in blue or black ink. It is your responsibility to submit the required forms.

Application Fee. This fee is non-refundable. You can check the online [fee page](#) for current fees.

1: Demographic Information:

Social Security Number: You must list your social security number on your application. Please call the Customer Service Center at 360.236.4700 if you do not have one.

Legal Name: List your full name: first, middle, and last.

Definition of legal name: “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

Birth date: Provide the month, day and year of your birth.

Birth place: Provide the city, state and country where you were born

Address: List the address we should use to send any information on your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with the Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

Phone, Fax and Cell Numbers: Enter your phone, fax and cell numbers, if you have them.

Email: Enter your email address, if you have one.

Other Name(s): Indicate whether you are known or have been known under any other names. If you have a name change, you must notify the Department of Health in writing. You must include proof of this change. See [WAC 246-12-300](#).

2: Personal Data Questions:

All applicants must answer the same personal data questions. They are focused on your fitness to practice the essential skills of this profession.

If you answer “yes” to any questions in this section, you must provide an appropriate explanation. You must also provide the documentation listed in the note after the question. If you do not provide this, your application is incomplete and it will not be considered.

- Question 5 includes misdemeanors, gross misdemeanors and felonies. You do not have to answer yes if you have been cited for traffic infractions. You can get copies of court records through the county courthouse where the conviction, plea, deferred sentence, or suspended sentence was entered.
- Another jurisdiction means any other country, state, federal territory, or military authority.

3: Education:

List in date order all your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

4: Examination Data:

Check yes or no if you have done the following:

- Taken the Veterinary Technician National Exam in another jurisdiction. List months and years.
- Applied for license in WA State. Provide the date applied and under what name.

5: Experience:

List in date order all your professional experience and practice from date of graduation from professional college. Attach additional completed pages if you need more space.

6: Other License, Certification, or Registration:

List all states where credentials are or were held. Specifically list credentials granted as temporary, reciprocity, exemption or similar with type, date, grantor, and if credential is current. Attach additional completed pages if you need more space.

7: AIDS Education and Training Attestation:

Read the AIDS education and training attestation. AIDS training may include self-study, direct patient care, courses, or formal training. A minimum of four hours is required. Course content can be found in [WAC 246-12-270](#).

8: Applicant’s Attestation:

You must sign and date this for us to process the application.

9: Applicant’s Photograph:

Attach a current photograph in the box provided or attach it to the application. Indicate date the photograph was taken and sign in ink across the bottom of the photo. The photograph must be a clear, close up and a front view. Your application will not be processed without a current photograph.

Notice to Spouses and Registered Domestic Partners of Military Personnel Transferring to Washington

Under a new state law, a spouse or registered domestic partner of military personnel transferring to Washington may receive his or her health professional license more quickly. In order for us to do this, please complete the additional form found at <http://www.doh.wa.gov/hsqa/professions/military/> and include supporting documentation with your application.

License Requirements

You will be notified in writing if further documentation is required.

Note: You may not provide services as a “Licensed Veterinary Technician” until you receive your Washington State Veterinary Technician License. Please be advised during the application process information pertaining to the status of an application is available only to the applicant.

National Examination applicants only: Examination results are sent in writing only.

To ensure the necessary fees and documentation have been submitted or requested by you, we encourage you to use the following checklist:

- You must register and pay the fee for the Veterinary Technician National Examination, (VTNE) online at www.aavsb.org.
 - The (VTNE) is held during three testing periods each year. Check the AAVSB Web site for important registration deadlines.
 - The Washington State Veterinary Technician Application and fees must be received at the Department of Health no later than 90 days prior to the first day of each testing period.
- National exam scores:** If you have previously taken and passed the Veterinary Technician National Examination, your score needs to be sent to the Department of Health directly from AAVSB. The passing score for the National Examination is the criterion-referenced passing point scaled score established by the Veterinary Technician Testing Committee (VTTC).
- Official Transcripts:** Your transcripts must indicate the date your degree was conferred in Animal or Veterinary Technology and will only be accepted if sent directly from your school to the Department of Health, Veterinary Board of Governors, Credentialing PO Box 47877, Olympia, WA 98504-7877. Transcripts will only be accepted if mailed directly to this office from your school.
- Letter from your school:** If you are an exam applicant and your transcripts are not yet available, you may be permitted to take the exam if your program director submits a letter stating your current enrollment and expected date of graduation. You must be within six months of graduation. Your license will not be issued until an official transcript has been received.
- Credential evaluation:** If you were foreign trained, you must have your transcripts evaluated by a credential evaluation service and sent directly to the Department of Health, Veterinary Board of Governors Credentialing, PO Box 47877, Olympia, Washington 98504-7877.

- Veterinary Technician Trainee:** A Veterinary Technician Trainee is a person who is working toward completion of a minimum of five years (or 9500 hours) of experience to qualify to sit for the VTNE. Supervised practical experience must be documented on Attestation Forms completed by the supervising veterinarian. In the last 1900 hours of supervised practical experience, an individual must obtain a designation as a trainee. You may obtain forms at <http://www.doh.wa.gov/hsqa/professions/Veterinarian/forms.htm>. You may obtain information related to designation as a trainee at <http://apps.leg.wa.gov/WAC/default.aspx?cite=246-935>.

Note: Senate bill 6745 passed by the 2010 legislature eliminates the practical experience pathway for veterinary technicians effective July 1, 2015. An applicant must begin the period of practical experience before July 1, 2010. After July 1, 2015, to be eligible to sit for the VTNE, applicants must complete a formal education program for animal or veterinary technology approved by the American Veterinary Medical Association.

- Practical Experience Supervising Veterinarians Attestation:** Persons who are completing the supervised practical experience to qualify to sit for the VTNE must provide attestation forms, signed by the supervising veterinarians, verifying successful completion of the required tasks and procedures. The attestation forms may be obtained at: <http://www.doh.wa.gov/hsqa/professions/Veterinarian/forms.htm>.
- Out-of-State Credential Verificaiton:** If you hold a credential in another state, jurisdiction, or country, and are taking the Veterinary Technician National Examination, (VTNE) or applying for your initial Washington credential, you will need to request written verification of your credentials be sent to the Department of Health, Veterinary Board of Governors. Verification will only be accepted if mailed to this office directly from the state Board/jurisdiction office(s).
- State Examination:** The State Examination is a state law and rule, mail-home/ open book exam. This exam can be taken after receipt of the state exam fee. You must obtain a 90% score on the state exam. There are fifty questions and each questions is worth two points.

Background
Check
Stamp
Here

Date
Stamp
Here

Revenue 0283020000

Veterinary Technician License Application

Please type or print clearly. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so may result in a delay in processing your application.

1. Demographic Information

Social Security Number (If you do not have a social security number, see instructions.)

Male

Female

Name

First

Middle

Last

Birth date (mm/dd/yyyy)

Place of birth

City

State

Country

Address

City

State

Zip Code

County

Country

Phone (enter 10 digit #)

Fax (enter 10 digit #)

Cell (enter 10 digit #)

Email address

Mailing address (if different from above)

City

State

Zip Code

County

Country

Note: The mailing and email addresses you provide will be your addresses of record. It is your responsibility to maintain current contact information with the department.

Have you ever been known under any other name(s)? Yes No

If yes, list name(s):

Will documents be received in another name? Yes No

If yes, list name(s):

For Office Use Only

Credential # _____ Issue date _____

2. Personal Data Questions

Yes No

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please attach explanation.....

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disabilities, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.

If you answered yes to question 1, explain:

- 1a. How your treatment has reduced or eliminated the limitations caused by your medical condition.
- 1b. How your field of practice, the setting or manner of practice has reduced or eliminated the limitations caused by your medical condition.

Note: If you answered “yes” to question 1, the licensing authority will assess the nature, severity, and the duration of the risks associated with the ongoing medical condition and the ongoing treatment to determine whether your license should be restricted, conditions imposed, or no license issued.

The licensing authority may require you to undergo one or more mental, physical or psychological examination(s). This would be at your own expense. By submitting this application, you give consent to such an examination(s). You also agree the examination report(s) may be provided to the licensing authority. You waive all claims based on confidentiality or privileged communication. If you do not submit to a required examination(s) or provide the report(s) to the licensing authority, your application may be denied.

2. Do you currently use chemical substance(s) in any way which impair or limit your ability to practice your profession with reasonable skill and safety? If yes, please explain.....

“Currently” means within the past two years.

“Chemical substances” include alcohol, drugs, or medications, whether taken legally or illegally.

3. Have you ever been diagnosed with, or treated for, pedophilia, exhibitionism, voyeurism or frotteurism?.....

4. Are you currently engaged in the illegal use of controlled substances?.....

“Currently” means within the past two years.

Illegal use of controlled substances is the use of controlled substances (e.g., heroin, cocaine) not obtained legally or taken according to the directions of a licensed health care practitioner.

Note: If you answer “yes” to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders. The department does criminal background checks on all applicants.

5. Have you **ever** been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or a sentence deferred or suspended as an adult or juvenile in any state or jurisdiction? ...

Note: If you answered “yes” to question 5, you must send certified copies of all court documents related to your criminal history with your application. If you do not provide the documents, your application is incomplete and will not be considered.

To protect the public, the department considers criminal history. A criminal history may not automatically bar you from obtaining a credential. However, failure to report criminal history may result in extra cost to you and the application may be delayed or denied.

2. Personal Data Questions (cont.)

Yes No

- a. Are you now subject to criminal prosecution or pending charges of a crime in any state or jurisdiction

Note: If you answered "yes" to question 5a, you must explain the nature of the prosecution and/or charge(s). You must include the jurisdiction that is investigating and/or prosecuting the charges. This includes any city, county, state, federal or tribal jurisdiction. If charging documents have been filed with a court, you must provide certified copies of those documents. If you do not provide the documents, your application is incomplete and will not be considered.

- b. If you answered "yes" to question 5a, do you wish to have decision on your application delayed until the prosecution and any appeals are complete?

6. Have you ever been found in any civil, administrative or criminal proceeding to have:
- a. Possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes?
- b. Diverted controlled substances or legend drugs?
- c. Violated any drug law?
- d. Prescribed controlled substances for yourself?
7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", please attach an explanation and provide copies of all judgments, decisions, and agreements?
8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority?
9. Have you ever surrendered a credential like those listed in number 8, in connection with or to avoid action by a state, federal, or foreign authority?
10. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence, or malpractice in connection with the practice of a health care profession?

3. Education

List in date order your educational preparation and post-graduate training. Attach additional completed pages if you need more space.

Full name, city and state of schools attended	Degree earned	Attendance	
		Start date	End date

4. Examination Data

Have you taken the Veterinary Technician National Examination (VTNE) in another jurisdiction? Yes No
 If yes, list month(s) _____ and year(s) _____

Have you ever applied for license in Washington before this application Yes No
 Approximate date _____. Under what name did you apply? _____

5. Experience

List in date order all of your professional experience and practice from date of graduation from professional college. Include the month/day/year in date order. Attach additional pages if you need more space.

Begin Date	End Date	Employer/Activities	Address/Telephone number	Title

6. Other License, Certification, or Registration

List all states where credentials are or were held. Attach additional completed pages if you need more space.

State	Profession	License Type	License		Method of License	Currently in Force
			YR issued	Number		
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes
						<input type="checkbox"/> No <input type="checkbox"/> Yes

7. AIDS Education and Training Attestation

I certify I have completed the minimum of four hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infection control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations.

I understand I must maintain records documenting said education for two years and be prepared to submit those records to the department if requested. **I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.**

Applicant's Initials	Date

8. Applicant's Attestation

I, _____, declare under penalty of perjury
(Print applicant name clearly)

under the laws of the state of Washington the following is true and correct:

- I am the person described and identified in this application.
- I have read [RCW 18.130.170](#) and [RCW 18.130.180](#) of the Uniform Disciplinary Act.
- I have answered all questions truthfully and completely.
- The documentation provided in support of my application is accurate to the best of my knowledge.

I understand the Department of Health may require more information before deciding on my application. The department may independently check conviction records with state or federal databases.

I authorize the release of any files or records the department requires to process this application. This includes information from all hospitals, educational or other organizations, my references, and past and present employers and business and professional associates. It also includes information from federal, state, local or foreign government agencies.

I understand I must inform the department of any past, current or future criminal charges or convictions. I will also inform the department of any physical or mental conditions that jeopardize my ability to provide quality health care. If requested, I will authorize my health providers to release to the department information on my health, including mental health and any substance abuse treatment.

Dated _____ in _____
(mm/dd/yyyy) (city, state)

By: _____
(signature of applicant)

9. Applicant's Photograph

Photo Here



Attach Current Photograph Here.
Indicate Date Taken and Sign in
Ink Across Bottom of the Photo.

Note: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

Height _____

Weight _____

Hair color _____

Color of eyes _____

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Washington State Department of

Health

Veterinary Board of Governors

Credentialing

PO Box 47877

Olympia, WA 98504-7877

360.236.4700

Employment Reference Request

This form is for employment verification to complete the requirements for license in the state of Washington as a Veterinary Technician. As a previous employer of mine would you please complete this reference request and return it to the address shown above. Thank you.

Name of Candidate _____ Telephone _____

Address _____

Name of employing veterinarian _____

License number of veterinarian _____

Address of Facility _____

Approximate dates of full time employment _____

Duties/responsibilities of employee named above. _____

Describe the in-house training that was provided and completed by the employee named above.

Please provide a brief overall evaluation of performance, care, safety and competence for the employee named above. _____

Signature of employing veterinarian _____ Date _____

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Washington State Department of
Health
 Veterinary Board of Governors
 Credentialing
 PO Box 47877
 Olympia, WA 98504-7877
 360.236.4700

Out-of-State Credential Verification

Name _____ Date of birth _____
mm/dd/yyyy

Address _____

City _____ State _____ Zip _____

Credential number: _____

I authorize the release of the information asked for below to the Washington State Veterinary Board of Governors

Signature: _____ Date _____
mm/dd/yyyy

Return completed form to the address shown above.

Name of credential holder:

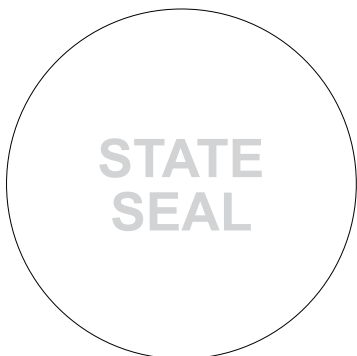
Credential number: _____ Issue date: _____ Expiration date: _____

Credential was issued on the basis of:

- Examination in your state (Veterinary Technician National Examination)
- Other (Please explain):

Has credential ever been suspended, revoked, or subject to other disciplinary action? Yes No

If yes, Please explain _____



Signature: _____

Title: _____

Date: _____
mm/dd/yyyy

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act.....	<u>RCW 18.130</u>
Administrative Procedure Act	<u>RCW 34.05</u>
Administrative procedures and requirements	<u>WAC 246-12</u>
Veterinary Medicine, Surgery and Dentistry	<u>RCW 18.92</u>
Veterinary Board of Governors	<u>WAC 246-933</u>

On-Line

AIDS Training Resources	<u>Reference page</u>
Veterinary Board of Governors	<u>Web page</u>